

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 AUG -2 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/08/02--01056--013  
\*\*\*\*300.00 \*\*\*\*300.00

DOCUMENT # V69962

1. Corporation Name

Robin Hill LTD., Incorporated

2. Principal Office Address

4 Beverly Gardens

Suite, Apt. #, etc.

City & State

Bronxville, NY

Zip

10708

Country

USA

3. Mailing Office Address

4 Beverly Gardens

Suite, Apt. #, etc.

City & State

Bronxville, NY

Zip

10708

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

10/9/92

5. FEI Number

65-0369319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

David I. Farber

DAVID I. FARBER  
ASSISTANT SECRETARY

Date 7/26/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	Dennis E. Carlton	4 Beverly Gardens	Bronxville, NY 10708
V	Wendy Carlton	4 Beverly Gardens	Bronxville, NY 10708

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Dennis E. Carlton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02

Date

914/622-3414

Daytime Phone #

DENNIS E. CARLTON

CR2E081 (9/01)